

## Lovesome's Volunteer Application

Please fill out all requested information.

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Other phone/pager: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Are you under 14 yrs. old? \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
How long at this address? \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
or  
School \_\_\_\_\_ Current Grade \_\_\_\_\_

**References-** Please address the three attached envelopes with the complete names and addresses of people who can judge your suitability for this position and return them to your volunteer trainer.

I authorize these references to release information regarding me. Signature \_\_\_\_\_  
(Parent or guardian if under 18)

Please list the names and addresses of your three references:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Liability Release- WARNING.** Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

I hereby request that the volunteer named above be accepted into the volunteer program operated by Lovesome Stables, Inc. I acknowledge that Lovesome Stables, Inc. has fully explained to me the scope of the riding program, including the potential for serious injury which can occur from riding, caring for and being around horses and farms.

Because of the potential benefits of Lovesome Stables, Inc.'s volunteer and equestrian programs, I agree to waive any claim which the above named volunteer or anyone accompanying the volunteer may have against Lovesome Stables, Inc., its employees and volunteers, Gatewood Arena L.L.C., and the arena owners, Duane and Paula Gatewood. and to release them from any liability or responsibility for accident, damage, injury, or illness caused to the Undersigned or to any family member or guest accompanying the Undersigned on the premises, including, but not limited to, those caused by horses or physical conditions of this farm.

Date: \_\_\_\_\_ Signature (Parent or guardian if under 18) \_\_\_\_\_

Lovesome Stables, Inc. Equitherapy  
Volunteer Application - Volunteer Interests

## Volunteer Interests

How did you hear about Lovesome Stables?

How much experience, if any, do you have with ...

Horses?

People with disabilities?

What are your hobbies?

For what other organizations do you volunteer?

Please indicate any areas that you are interested in:

- Sidewalking alongside a student
- Handling a horse
- Ground lessons- assisting students w/ horse care
- Horse care
- Horse training
- Public relations
- Media relations
- Special events organization
- Grant writing
- Newsletter
- Web page design and maintenance
- Volunteer management
- Photography/ Videography
- Budget and Finance
- Other

Please list anything you'd like to learn at Lovesome, any questions you have, skills you'd like to develop...

Lovesome Stables, Inc. Equitherapy  
Volunteer Application - Background Check

**Background Check** - Volunteer Applicants who are 18 years old and over, please complete this page.

Kentucky residents complete this section:

Have you been convicted of a felony \_\_\_ Yes \_\_\_ No If yes, explain in detail \_\_\_\_\_

REQUEST FOR KSP CONVICTION DATA AND SEX CRIMES

Request is made for any Kentucky State Police record of conviction of a crime and pursuant to KRS 17.160, a request is made for any record of conviction of a sex crime by the person identified herein. This information shall be released to:

Acknowledgment by Applicant

I have applied for employment or as a volunteer in a position involving supervisory or disciplinary power over a minor. I know that the Kentucky State Policy (KSP) will provide the employer with any record I may have for convictions of a Kentucky State Police arrest and / or conviction of any sex crime. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and any KSP employee from any claim for damages arising for the dissemination of inaccurate information.

Applicant Information (please print)

Name \_\_\_\_\_  
Last First Middle Maiden

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Ohio and Indiana residents complete this section:

I request that a background check be completed and released to:

Date \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Lovesome Stables, Inc Equitherapy

Volunteer Application - Photo Release/Confidentiality Policy/ EMT

**Photo Release** - I consent to and authorize the use and reproduction by Lovesome Stables, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of Lovesome Stables, Inc.

Date \_\_\_\_\_ Signature (Parent or guardian if under 18) \_\_\_\_\_

**Confidentiality Policy**- I understand that information about riders' medical histories is shared with volunteers on a need-to-know basis in order to enhance the effectiveness and safety of the equestrian program and remains confidential. Also, all information on volunteer applications is confidential. I support this policy.

Date \_\_\_\_\_ Signature of Volunteer \_\_\_\_\_  
Signature (Parent or guardian if under 18) \_\_\_\_\_

**Authorization for Emergency Medical Treatment**- In case of emergency, contact:

<u>Name / Relationship</u>	<u>Day Phone</u>	<u>Eve Phone</u>	<u>Other Phone/Pager</u>
_____	_____	_____	_____
_____	_____	_____	_____

Please note any medical considerations including allergies (bee sting, asthma, etc.); heart conditions; tennis elbow; conditions requiring regular physician's care; and prescribed medications taken regularly that might impact your volunteer experience especially in the event of a medical emergency. All information is confidential.

**In the event of an emergency**, please INITIAL one of the following plans and complete the information:

\_\_\_\_\_ CONSENT PLAN - In the event of an emergency, I authorize Lovesome Stables, Inc. to make health care decisions with respect to the volunteer named.

Date \_\_\_\_\_ Signature (Parent or guardian if under 18) \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Medical Facility \_\_\_\_\_

\_\_\_\_\_ NON-CONSENT PLAN - I do NOT grant authorization to Lovesome Stables, Inc. to make health care decisions concerning the volunteer.

Date \_\_\_\_\_ Signature (Parent or guardian if under 18) \_\_\_\_\_

If the NON-CONSENT plan is initiated, please specify below the procedure to be followed if the volunteer becomes ill or is involved in an accident.

## Lovesome Authorization for Emergency Medical Treatment Form

Please fill out all requested information.

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

In case of emergency, please contact:

Name/Relationship	Day Phone	Evening Phone	Other Phone/Pager
_____	_____	_____	_____
_____	_____	_____	_____

In the event of an emergency and the emergency contact(s) cannot be reached, please initial one of the following plans and complete the information:

\_\_\_\_\_ **Consent Plan**

In the event of an emergency and the emergency contact(s) cannot be reached, I authorize Lovesome Stables, Inc. to make health care decisions with respect to the student named.

Date: \_\_\_\_\_ Signature(student, parent or guardian): \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

\_\_\_\_\_ **NON-Consent Plan - I do NOT consent to Lovesome Stables, Inc. making healthcare decisions concerning the student**

If the undersigned does NOT desire to grant Lovesome Stables, Inc. authority to make health care decisions for the student if the undersigned is not available, please initial the line before "NON-CONSENT PLAN" and state below the procedures to be followed if the student becomes ill or is involved in an accident:

Date: \_\_\_\_\_ Signature(student, parent or guardian): \_\_\_\_\_

Print Name: \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Other Phone/Pager \_\_\_\_\_

Address: \_\_\_\_\_

Please return this completed form by: Fax/Email/Mail